بسم الله الرحمن الرحيم

عنوان المحاضرة: Vesicular Mole
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Vesicular Mole: الحمل الحويصلي

Definition: It is a benign tumor of the chorionic villi, characterized by:
1-Trophoblast Proliferation 2-Edema of the Stroma 3-Avascularity

Incidence: -Southeast Asia→ 1/80 (Genetics, Dietary (more rice, less meat), Folic acid deficiency)
-USA→ 1/40,000 -Europe→ 1/2000 -Egypt→ 1/300

Etiology: Unknown, Theories:
1-Primary death of the embryo 2-Blood Vessels abnormalities
3-Epithelial overactivity→ Cellular hyperplasia

Risk Factors:
1-Age: common in old age 2-Parity: 75% in Multipara & 25% in Primepara
3-Blood group: ↑ when couple has different groups e.g. ♀ (A) & ♂ (O) 4-Racial (Southeast Asians)
4-Others (Theories): Extramarital relationships, Marriage from certain husband
**Recurrence rate: 25%

Types:	Trophoblast proliferation	Fetus	Amniotic sac	Karyotyping
Complete	Generalized	No	No	Diploid (46), all of paternal origin
Incomplete	Localized	May be	May be	Triploid (69)
Invasive	*d.t. invasion of uterine wall → may lead to internal hemorrhage *Locally malignant → Lung metastasis (So, CXR before evacuation) *DD from choriocarcinoma by histopathology (chorionic villi is present while choriocarcinoma is avillous & has blood)			

Diagnosis:

A) Medical Symptoms:
1-Symptoms of pregnancy (e.g. morning sickness, amenorrhea, ...) 2-Hyperemesis (in 20% of cases)
3-Symptoms of thyrotoxicosis (e.g. tremors, goiter, ...)
4-Symptoms of Pre-eclampsia (e.g. headache, blurring of vision, epigastric pain)
5-Upper respiratory disease (e.g. cough, dyspnea)

B) Obstetric Symptoms:
1-Vaginal bleeding 2-Passage of vesicles 3-Undue abdominal enlargement 4-Pain
**Types of pain: a-Dull-aching: due to uterus distension with vesicles
b-Sharp stabbing: → Invasive mole c-Colicy pain: complicated Ovarian cyst (Ruptured or Tortuous)

Examination:
a) General: -Pallor –Signs of pre-eclampsia (e.g. high↑BP) -Signs of thyrotoxicosis -Breast Signs
b) Abdominal: -Uterus larger than date -Doughy consistency of uterus (↑risk of rupture)
-No Fetal parts, fetal Heart sounds, Ballottement
c) PV: -Local Signs of pregnancy -Vesicles may be present -Palpate uterus & ovarian cyst
-NODULES: → Choriocarcinoma metastasis

Investigations:
1-Ultrasound: (Snow-Storm appearance)
(Confirm diagnosis, identify type, uterine wall integrity, Ovarian cyst: if > 6cm → high risk)
2-hCG: (diagnosis & follow-up): > 100,000 (peak at 14 wks doesn't exceed 100,000)
3-Chest X-Ray: for lung metastasis

Treatment:

a-Correct medical problems (e.g. ↑BP,....)

b-Evacuation: (once diagnosed must be evacuated)

- **< 16 wks → evacuation by usual D&C**
- **> 16 wks → Hysterotomy**

****Both is recently replaced by (Suction Evacuation) that can be done at any gestational age**

c-Oxytocin: (↑uterine contractions→ ↓Bleeding, ↑Thickness→↓perforation) , Given during or after evacuation but never before → dissemination of trophoblast → embolization

d-Hysterectomy: Indications: ● >40 yrs (malignancy rate 35%) ●High parity (rate 15%) ●Invasive mole

e-Cytotoxic drugs: (give same results as hysterectomy)

-given only to high risk group (as incidence of choriocarcinoma is 3%)

Risk Group:

- **Age > 40 yrs**
- **Uterus larger than date**
- **Ovarian cyst > 6 cm**
- **Recurrent mole**
- **Medical diseases**
- **High hCG titre**

Follow-Up: (V. Imp.) شفوي و نظري

1-β hCG: weekly till negative and still negative for 3 weeks after then every month for 6 months and every 6 months for 5 years

2-PV examination: every 2 weeks,

-Ask for symptoms of lung metastasis, brain metastasis and vaginal bleeding

-Uterus size: return to normal size 14 wks after evacuation (ORAL) -Vaginal nodules

****Ovarian Cyst: not excised as it regresses with↓ levels of hCG**

3-Chest X-ray: -to exclude metastasis & for further comparison in case of any future chest symptoms

4-Contraception: (for 6 months, so that it can followed via level of hCG which will ↑ if get pregnant)

Method: a-Barrier: safe but failure rate 12%

b-IUV: not used as it causes bleeding that interferes with follow up

c-Oral CCP: 100% success rate, and ↓LH (& hCG)

Prophylaxis:

-Any case of: 2ary Postpartum bleeding – Post Abortive bleeding → Must be subjected to D&C and take sample for pathological examination as it's considered choriocarcinoma till proved otherwise

Complications:

1-CHORIOCARCINOMA

2-Preeclampsia 3-Bleeding→ Shock 4-Infections 5-Uterus perforation

****Choriocarcinoma is the only malignant tumor in obstetrics that woman can get pregnant after cure.**